

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009239

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**
FILED FEB 19 1963

Primary Registration District No. **1003**

Registrar's No. **1412**

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
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77-0	SHOULD READ	BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b 30 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 3225 Montgomery	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clifford Middle Ramey Last Ramey		4. DATE OF DEATH Month 2 Day 7 Year 63	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1913
9. AGE (last birthday) 49		10. IF UNDER 1 YEAR Months 6 Days 29	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		12. KIND OF BUSINESS OR INDUSTRY Jefferson City Mo	
13a. FATHER'S NAME Andy Ramey		13b. MOTHER'S MAIDEN NAME Lucinda Brown	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		15. SOCIAL SECURITY NO. [REDACTED]	
16. INFORMANT Mardell Grahm 1427 N. Pendleton Ave		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia		INTERVAL BETWEEN ONSET AND DEATH Undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Metastasis, Generalized			
DUE TO (c) Cancer of Hard Palate			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 144X	
20c. TIME OF INJURY Hour 11-14-62 Month 2-7-63 Day 2-7-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Jefferson City Mo	
21. I attended the deceased from 11-14-62 to 2-7-63 and last saw him alive on 2-7-63		Death occurred at 8:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. W. Nofles M.D.		22b. ADDRESS 2601 N. Whittier	
22c. DATE SIGNED 2-7-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 29-1963	23c. NAME OF CEMETERY OR CREMATORY Jefferson City Mo	
24. FUNERAL DIRECTOR JAS. H. RANDLE & SON 3133 Bell Ave		25. DATE RECD. BY LOCAL REG. FEB 8 1963	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Arthur H. Harris

Licensed Embalmer No.

4458

P. O. Address

4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.